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ROHM AND HAAS, EM CMP
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JUN 30 2005

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**Effective on 12/9/2004,
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**

**FEE TRANSMITTAL
For FY 2005**

		Complete If Known	
		Application Number	10/670,534
		Filing Date	9/25/2003
		First Named Inventor	Bian
		Examiner Name	Marcheschi
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit	1755
TOTAL AMOUNT OF PAYMENT (\$ 130.00)		Attorney Docket No.	03010

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Nonc Other (please identify): _____

Deposit Account Deposit Account Number: 500618 Deposit Account Name: Rohm and Haas Electronic Materials CMP Holdings, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charges fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP = 0	x \$50.00	= \$ 0.00

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

\$360.00

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP = 0	x \$200.00	= \$ 0.00	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. Sec 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = 0	/50 = 0	(round up to a whole number)	x \$250.00	= \$ 0.00

Fee Paid (\$)

\$ 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 37 CFR 1.20(d) Terminal Disclaimer Fee

\$130.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	34,124	Telephone	302-283-2136
Name (Print/Type)	Blake T. Bleiderman	Date	June 30, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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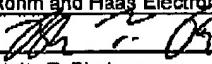
Approved for use through 07/31/2008, OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/670,534
		Filing Date	September 25, 2003
		First Named Inventor	Bian, Jinru
		Art Unit	1755
		Examiner Name	M. A. Marcheschi
Total Number of Pages in This Submission	10	Attorney Docket Number	03010US

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Terminal Disclaimer	
		Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Rohm and Haas Electronic Materials CMP Holdings, Inc.		
Signature			
Printed name	Blaize T. Biederman		
Date	June 30, 2005	Reg. No.	34,124

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Barbara A. Wiley	Date	June 30, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Bian et al.

Application No.: 10/670,534

Filed: 9/25/2003

Title: HIGH RATE BARRIER POLISHING
COMPOSITION

Attorney Docket No.: 03010US

Commissioner for Patents

P.O. Box 1450
Alexandria, VA 22313-1450

Art Unit:
1755

Examiner:
M. A. Marcheschi

RESPONSE AFTER FINAL REJECTION

Dear Sir:

In response to the Office Action of May 9, 2005, having a statutory due date of August 9, 2005, please reconsider this application with claims pending as follows: